



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: KINDRED HOSPITAL NORTHERN INDIANA

City of Hospital: MISHAWAKA

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Christy Henrich

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Medicare Provider Number: 152018

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$44667906
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$44667906

2. Deductions From Revenue

Contractual Allowance	\$31014139
Other Deductions	\$0
Total Deductions	\$31014139

3. Total Operating Revenue

Net Patient Service Revenue	\$13002678
Other Operating Revenue	\$5540
Total Operating Revenue	\$13008218

4. Operating Expenses

Salaries and Wages	\$5769349	Employee Benefits	\$838790
Depreciation and Amortization	\$367827	Interest Expense	\$6
Bad Debt	\$0	Other Expenses	\$5839967
Total Operating Expenses	\$12815939		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$192279	Total Assets	\$0
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$0

Total Net Gains	\$192279
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$23008976	\$17707171	\$5301805
Medicaid	\$154896	\$170792	\$-15896
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21504034	\$13136176	\$8367858
Total	\$44667906	\$31014139	\$13653767

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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